

**Testimony before the Appropriations Committee
December 9, 2009**

The Governor's Proposed Deficit Mitigation Plan and the Impact of the Governor's Rescissions

Good afternoon, Senator Harp, Representative Geragosian, and members of the Appropriations Committee. My name is Ann Nelson. I am the Family Research Coordinator for the National Alliance on Mental Illnesses of Connecticut (NAMI-CT). I am also the parent of a child with multiple mental health diagnosis who has received enormous benefit from the mental health services offered by the Department of Children and Families (DCF) Voluntary Services program. I am devastated by Governor Rell's intention of suspending the intake for Voluntary Services under the Department of Children and Families (DCF) and the Department of Developmental Disabilities (DDS). I fear that significant cuts to this program will have devastating effects on Connecticut's most vulnerable children and families, as well as lead to greater fiscal demise by shifting mental health costs from the community to more expensive institutionalized settings.

Our family received in-home, community-based services from the DCF Voluntary Services Program for three years. The Voluntary Services provided my daughter and our family with individualized community-based services (ICBO) not offered or financially reimbursable by our private insurance company. These home-based, community services enabled my daughter to remain at home in a loving and supportive environment. Our family received respite care, intensive in-home behavioral management, therapeutic mentoring, and parent training to help all of us navigate the journey of living with, and understanding a child with a mental health disorder. All of these interventions are evidence-based- validated in scientific research to be effective- and allowed my daughter to remain connected to her family, friends, school, church and other local support networks. These evidence-based practices provided by DCF's Voluntary Services program build on the child's strengths and lead to improved quality of care and better mental health outcomes for children and their families.

Community-based interventions, such as those offered by the DCF Voluntary Services Program, have been shown in scientific research to:

- Improve school attendance and performance
- Improve family and peer relationships
- Decrease involvement with law enforcement and the juvenile justice system
- Decrease rates of substance use and abuse
- Reduce self-harm and suicide related behaviors

(NAMI Publication, *Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practices*, May 2007)

Not only do these community-based treatments lead to better outcomes for children and adolescents, they offer an extremely cost-effective alternative to expensive institutionalized care.

My daughter has received both community-based and institutionalized mental health care. As I compared the cost of her two years in a therapeutic residential setting to the two years in which she received home-based community mental health services, I was astounded. The cost of her two years in the institutionalized environment was **\$245,500 or \$336** per day, with the cost of her home-based treatment through the DCF Voluntary Services being **\$53,920 or \$73** per day. Community-based mental health services through Voluntary Services offered a cost savings to our family and the state of Connecticut of **\$191,580**.

My daughter is only one of the over 150,000 children in Connecticut with behavioral health disorders. To suspend intake for Voluntary Services will prevent thousands of children from receiving the most cost-effective, evidence-based and life-saving mental health treatment. Suspending Voluntary Services will only switch mental health service delivery from the community to a far more expensive and restricted institutionalized setting. In light of the downturn in our economy, it is crucial that we choose the fiscally responsible approach and refrain from cutting any of these critical services to Connecticut's most vulnerable children.

Ann Nelson, Madison, CT